

County: Dunn  
 AREA NURSING HOME, INC.  
 P.O. BOX 515

Facility ID: 2260

Page 1

COLFAX 54730 Phone: (715) 962-3186  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/02): 67  
 Total Licensed Bed Capacity (12/31/02): 77  
 Number of Residents on 12/31/02: 61

Ownership: Corporation  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 58

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		39.3
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		32.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.3	More Than 4 Years		27.9
Day Services	No	Mental Illness (Org./Psy)	57.4	65 - 74	18.0			-----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	36.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	41.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.6	95 & Over	1.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	11.5	65 & Over	96.7	-----		
Transportation	Yes	Cerebrovascular	14.8		-----	RNs		8.4
Referral Service	Yes	Diabetes	3.3	Sex	%	LPNs		2.8
Other Services	Yes	Respiratory	1.6	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.8	Male	29.5	Aides, & Orderlies		
Mentally Ill	No		-----	Female	70.5			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All	
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%			Per Diem (\$)
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	32	80.0	105	0	0.0	0	18	85.7	113	0	0.0	0	0	0.0	0	50	82.0
Intermediate	---	---	---	8	20.0	86	0	0.0	0	3	14.3	102	0	0.0	0	0	0.0	0	11	18.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		40	100.0		0	0.0		21	100.0		0	0.0		0	0.0		61	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				
		-----				
Percent Admissions from:		Activities of		%	% Needing Assistance of	Total
Private Home/No Home Health	36.6	Daily Living (ADL)	Independent	One Or Two Staff	% Totally Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	3.3	67.2	29.5	61
Other Nursing Homes	17.1	Dressing	34.4	32.8	32.8	61
Acute Care Hospitals	41.5	Transferring	54.1	16.4	29.5	61
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	39.3	31.1	29.5	61
Rehabilitation Hospitals	0.0	Eating	70.5	8.2	21.3	61
Other Locations	4.9	*****				
Total Number of Admissions	41	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	1.6		Receiving Respiratory Care	1.6
Private Home/No Home Health	5.3	Occ/Freq. Incontinent of Bladder	41.0		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	7.9	Occ/Freq. Incontinent of Bowel	19.7		Receiving Suctioning	0.0
Other Nursing Homes	7.9				Receiving Ostomy Care	4.9
Acute Care Hospitals	10.5	Mobility			Receiving Tube Feeding	1.6
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	3.3		Receiving Mechanically Altered Diets	14.8
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care			Other Resident Characteristics	
Deaths	68.4	With Pressure Sores	0.0		Have Advance Directives	96.7
Total Number of Discharges		With Rashes	0.0		Medications	
(Including Deaths)	38				Receiving Psychoactive Drugs	62.3

	This Facility		Ownership: Proprietary		Bed Size: 50-99		Licensure: Skilled		All Facilities	
	%		%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	74.5		80.0	0.93	83.5	0.89	83.3	0.90	85.1	0.88
Current Residents from In-County	63.9		73.3	0.87	72.9	0.88	75.8	0.84	76.6	0.83
Admissions from In-County, Still Residing	24.4		19.2	1.27	22.2	1.10	22.0	1.11	20.3	1.20
Admissions/Average Daily Census	70.7		136.0	0.52	110.2	0.64	118.1	0.60	133.4	0.53
Discharges/Average Daily Census	65.5		138.5	0.47	112.5	0.58	120.6	0.54	135.3	0.48
Discharges To Private Residence/Average Daily Census	8.6		59.1	0.15	44.5	0.19	49.9	0.17	56.6	0.15
Residents Receiving Skilled Care	82.0		93.4	0.88	93.5	0.88	93.5	0.88	86.3	0.95
Residents Aged 65 and Older	96.7		95.9	1.01	93.5	1.03	93.8	1.03	87.7	1.10
Title 19 (Medicaid) Funded Residents	65.6		73.2	0.90	67.1	0.98	70.5	0.93	67.5	0.97
Private Pay Funded Residents	34.4		16.8	2.05	21.5	1.60	19.3	1.79	21.0	1.64
Developmentally Disabled Residents	0.0		0.9	0.00	0.7	0.00	0.7	0.00	7.1	0.00
Mentally Ill Residents	57.4		33.7	1.70	39.0	1.47	37.7	1.52	33.3	1.72
General Medical Service Residents	9.8		19.3	0.51	17.6	0.56	18.1	0.54	20.5	0.48
Impaired ADL (Mean)	44.6		46.1	0.97	46.9	0.95	47.5	0.94	49.3	0.90
Psychological Problems	62.3		51.2	1.22	54.6	1.14	52.9	1.18	54.0	1.15
Nursing Care Required (Mean)	2.9		7.2	0.40	6.8	0.42	6.8	0.42	7.2	0.40